

MHP Triennial Review Preparation Checklist
Fiscal Year 2015/2016

In an effort to prepare and expedite the review process onsite, DHCS is requesting the following documents to be sent via email 30-days prior to the onsite triennial review.

System Review Documents

| Protocol Section | Requested Documentation | Date Sent to DHCS |
|------------------|---|-------------------|
| Section A | <input type="checkbox"/> Policies and Procedures (P&Ps): Linguistic Access | |
| Section A | <input type="checkbox"/> P&Ps: 24/7 Access Line and Availability of 24/7 Services | |
| Section A | <input type="checkbox"/> Provider List | |
| Section A | <input type="checkbox"/> Cultural Competence Plan & Training Plan | |
| Section B | <input type="checkbox"/> P&Ps: Payment Authorization | |
| Section B | <input type="checkbox"/> P&Ps: Notices of Action | |
| Section C | <input type="checkbox"/> P&Ps: Problem Resolution | |
| Section E | <input type="checkbox"/> P&Ps: Katie A Services | |
| Section E | <input type="checkbox"/> Implementation Plan | |
| Section F | <input type="checkbox"/> MOUs with Managed Care Plans (optional) | |
| Section G | <input type="checkbox"/> Provider Monitoring Protocols | |
| Section H | <input type="checkbox"/> P&Ps: Provider Screening and Verification | |
| Section H | <input type="checkbox"/> Compliance Plan | |
| Section I | <input type="checkbox"/> P&Ps: Medication Monitoring | |
| Section I | <input type="checkbox"/> QI/QM Work Plan | |
| Section J | <input type="checkbox"/> P&Ps: MHSA Issue Resolution | |

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Chart Review Documents

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|------------------|---|-------------------|
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Medical Necessity | |
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Assessments | |
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Client Plans | |
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Progress Notes | |
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Medication Consents | |
| Section K | <input type="checkbox"/> Written Definition of “Long Term Client” | |
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Electronic Medical Records | |
| Section K | <input type="checkbox"/> P&Ps/ Documentation Guidelines: Day Treatment Intensive and Day Rehabilitation (if applicable) | |